PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

34647-064381/597

									10,		, - 1	7 / 2/ /
CLAIMS AS			(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			15			į	F	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/g minus 20=		•		>	(\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		. 2		7	K40=		OR	X80=	160
MULTIPLE DEPENDENT CLAIM P			RESENT					135=		OFi	+270=	
• If	the difference	in column 1 is	less than ze	ro, ente	r "0" in column 2			OTAL		OR	TOTAL	870
	CI		MENDED - PART ii (Column :			(Column 3) SMALL ENTI			ENTITY	OR	OTHER THAN SMALL ENTITY	
		(Column 1) CLAIMS		HIGH		T	1 —			1 1		ADDI
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=] >	(\$ 9=		OR	X\$18=	
	Independent	•	Minus	***]=	! [>	< 40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				TCLAIM		1	135=		OR	+270=	
								TOTAL		OR	TOTAL	
AUUII. FEE AUUII. FEE												
بسسر		(Column 1)			mn 2) HEST	(Column 3)	_			1		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA	ļ ļ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=] >	(\$ 9=		OR	X\$18=	
	Independent		Minus	***	T OL AINA	=	↓ [→	K40 =		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILABLE COPY							135=		OR	+270=	
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	-		mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	±±		=] [>	(\$ 9=		OR	X\$18=	
	Ind pendent	*	Minus	***		=] 7	K40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╛┝					
	* If the enter in entering 1 is less than the enter in column 2 write "0" in column 2									OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "High st Number Previ usly Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	ii u i	iniuer en viously F	ALC FOR IN ITH	o or mot	dentile th	a highaet numb	er found	in the an	nronriate ho	x in co	olumn 1	